

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/01/2022
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2021
NAME OF PROVIDER OR SUPPLIER Laguna Honda Hospital & Rehabilitation Ctr D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Laguna Honda Blvd. San Francisco, CA 94116	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure an allegation of abuse was reported to appropriate authorities within the required regulatory timeframe for one (Resident 1) of three residents when:</p> <p>Resident 1 had verbal altercation with another resident (Resident 2) on 4/22/21 at 6:00PM, but was not reported until 4/24/21 at 4:30PM.</p> <p>This failure had the potential to negatively impact the protection of residents from abuse.</p> <p>Findings:</p> <p>During an interview on 9/3/21, at 11:20AM, Staff 2 stated that Nursing Supervisor 1 (NS1) did not report the incident. Nursing Supervisor 2 (NS2) reported the incident two days later, on 4/24/21.</p> <p>During an interview on 9/3/21, at 4:05PM, Staff 2 stated, It was a late report.</p> <p>During an interview on 10/29/21, at 4:28PM, Staff 1 stated, I don't remember why it was not reported. I told my supervisor that day. NS1 told him to observe Resident 1 and Resident 2.</p> <p>Review of Resident 1's Nursing Note, dated 4/22/21, 4/23/21, 4/24/21, 4/25/21, 4/26/21, and 4/27/21 indicated, nurses observed Resident 1, and Resident 1 had no issues.</p> <p>Review of Resident 2's Nursing Note, dated 4/22/21, 4/23/21, 4/24/21, 4/25/21, 4/26/21, and 4/27/21 indicated, nurses observed Resident 2, and Resident 2 had no issues.</p> <p>During an interview on 10/29/21, at 4:46PM, with Nursing Supervisor 3 (NS3) stated, Whoever taking care of resident, they are supposed to call Ombudsman and CDPH.</p> <p>During an interview on 11/1/21, at 11:56PM, with NS1 stated, I cannot recall, when asked about the incident. NS1 stated, whoever witnessed the incident needed to report immediately to CDPH, Ombudsman per policy and procedure.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555020	Facility ID: 555020 If continuation sheet Page 1 of 2

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Review of Resident 1's nursing note, dated 4/24/21 at 5:28PM indicated, NS2 left a message to CDPH (The California Department of Public Health) and Ombudsman at 4:30PM. The nursing note also indicated, NS2 reported to Sheriff.</p> <p>During a review of Facility's Incident Interview Report, dated 4/28/21 indicated, . called in to report . on 4/24/21 to CDPH, Ombudsman and SFSD(San Francisco Sheriff's Department).</p> <p>During a review of the facility's policy and procedure(P&P), Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response, indicated on page 9 of 22, . 6. Reporting Protocol a. All LHH(Laguna [NAME] Hospital and Rehabilitation Center) employees . are mandated reporters of alleged incidents of abuse and/or suspicion of incidents of abuse. i. The mandated reporter shall immediately respond to and report observed or suspected incidents of abuse by contacting the following within 2-hours:</p> <ul style="list-style-type: none"> · CDPH . · Ombudsman . 		